

**FedEx** *US Airbill*  
Express Tracking Number **8576 2058 3396**

**0215**

**EPH31**

**1 From** *Please print and press hard*

Date **10/22/09** Sender's FedEx Account Number **1506-2096-1**

Sender's Name **Monique Layne** Phone **718, 613-2670**

Company **US DISTRICT COURT**

Address **225 CADMAN PLZ E RM 130**

*Day/Room/Building*

City **BROOKLYN**

State **NY** ZIP **11201-1818**

**2 Your Internal Billing Reference**

**re: 08-CV-5045, 09-CV-941**

*First 24 characters will appear on invoice*

**3 To**

Recipients Name **J. Michael McMahon, aka 8050136**

Company **Daniel Patrick Moynikhan Southern District of New York**

Recipients Address **500 Pearl Street, Room 130**

*Day/Room/Building*

**Address**

*To request a package be held at a specific FedEx location, print FedEx address here*

City **New York** State **NY** ZIP **10007-1312**

**0335391204**



**Schedule a pickup at fedex.com**  
Simplify your shipping. Manage your account. Access all the tools you need.

**4a Express Package Service**

☐ FedEx Priority Overnight ☒ **FedEx Standard Overnight**  
*Next business afternoon\*  
Saturday Delivery NOT available.  
unless SATURDAY Delivery is selected.*

☐ **FedEx First Overnight**  
*Earliest next business morning  
Saturday Delivery NOT available*

☐ FedEx 2Day ☐ **FedEx Express Saver**  
*Second business day  
Saturday Delivery NOT available.  
unless SATURDAY Delivery is selected.*

**4b Express Freight Service**

☐ FedEx 1Day Freight ☐ **FedEx 2Day Freight**  
*Next business day  
Saturday Delivery NOT available.  
unless SATURDAY Delivery is selected.*

☐ **FedEx 3Day Freight**  
*Third business day  
Saturday Delivery NOT available.*

**5 Packaging**

☐ FedEx Envelope\* ☐ **FedEx Pak\*** ☐ **FedEx Box** ☐ **FedEx Tube** ☐ **Other**  
*\*Declared value limit \$500*

**6 Special Handling**

☐ **SATURDAY Delivery** ☐ **HOLD Weekend** ☐ **HOLD Saturday**  
*at FedEx Location*

☐ **NOT Available for** ☐ **NOT Available for** ☐ **NOT Available for**  
*at FedEx Location*

☐ **Does this shipment contain dangerous goods?** ☐ **Yes** ☐ **No**  
*One box must be checked.*

☐ **Payment Bill to:** ☐ **Sender** ☐ **Recipient** ☐ **Third Party** ☐ **Credit Card** ☐ **Cash/Check**

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**Total Packages** **Total Weight** **Total Declared Value\***

**8 NEW Residential Delivery Signature Options** ☐ **No Signature** ☐ **Direct Signature** ☐ **Indirect Signature**

☐ **Required** ☐ **Signature** ☐ **Signature** ☐ **Signature**

☐ **Signature** ☐ **Signature** ☐ **Signature** ☐ **Signature**

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PULL AND RETAIN THIS COPY BEFORE AFFIXING TO THE PACKAGE. NO POUCH NEEDED.